

Designation Run Report

Brown, Vic - Plaintiffs' Submission

Brown, Vic 05-17-2021

Plaintiffs Affirmative Designations 00:34:31

Defense Completeness Counters 00:05:33

Total Time 00:40:04



VB04-Brown, Vic - Plaintiffs' Submission

Page/Line	Source	ID
8:06 - 8:16	Brown, Vic 05-17-2021 (00:00:31) 8:6 Q. Good morning, Mr. Brown. We met for a 8:7 second before the deposition. I'm Carol Browning, 8:8 and Carolyn Michener and I represent McKesson 8:9 Corporation. You have been identified as a 8:10 witness in the case and then also as the 8:11 representative of Appalachia HIDTA, and so we're 8:12 here today to take your deposition in both of those 8:13 capacities. 8:14 Have you ever given a deposition 8:15 before, Mr. Brown? 8:16 A. I have, yes.	VB04.1
11:02 - 11:07	Brown, Vic 05-17-2021 (00:00:20) 11:2 Q. So what is your business 11:3 address, Mr. Brown? 11:4 A. 400 South Main Street, Third Floor in 11:5 London, L-O-N-D-O-N, Kentucky, 40741. 11:6 Q. And is that the office of Appalachia HIDTA? 11:7 A. It is.	VB04.2
12:09 - 12:12	Brown, Vic 05-17-2021 (00:00:07) 12:9 where are you 12:10 from, Mr. Brown? 12:11 A. I'm very Harlan County, Kentucky, which is 12:12 extreme southeast Kentucky.	VB04.3
12:19 - 13:10	Brown, Vic 05-17-2021 (00:00:57) 12:19 Q. And then what did you do after high school? 12:20 A. I graduated from the University of Kentucky 12:21 in 1990 with a bachelor of science in biology and 12:22 psychology. 12:23 Q. So you went straight from high school to 12:24 UK? 13:1 A. That's correct. 13:2 Q. All right. And then what did you do? 13:3 A. Approximately a year later or some months 13:4 later, I was accepted to Kentucky State Police 13:5 Academy; then I spent 20 years -- almost 21 years 13:6 with the Kentucky State Police in different 13:7 capacities. 13:8 Q. So would that have been approximately from 13:9 1990 or '91 until 2010 or so?	VB04.4

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14:10 - 14:15	<p>13:10 A. From 1991 to 2011, to be exact, yes.</p> <p>Brown, Vic 05-17-2021 (00:00:20)</p> <p>14:10 Q. Did you work any during your -- during your</p> <p>14:11 career with the Kentucky State Police, did you work</p> <p>14:12 with any law enforcement agencies from Huntington</p> <p>14:13 or Cabell County, West Virginia?</p> <p>14:14 A. Not while I was with Kentucky State Police.</p> <p>14:15 It was only Kentucky agencies.</p>	VB04.5
15:11 - 15:16	<p>Brown, Vic 05-17-2021 (00:00:21)</p> <p>15:11 Q. All right. So during your -- when did you</p> <p>15:12 first -- during your career with the Kentucky State</p> <p>15:13 Police, when did you first encounter issues related</p> <p>15:14 to drugs of any sort? And I'm including either</p> <p>15:15 diversion of prescription medications or illegal</p> <p>15:16 drugs.</p>	VB04.6
15:18 - 16:01	<p>Brown, Vic 05-17-2021 (00:00:25)</p> <p>15:18 A. I certainly couldn't give you an exact</p> <p>15:19 date. The late '90s was when it became a very</p> <p>15:20 prevalent problem in eastern Kentucky with</p> <p>15:21 diversion and consumption of opioids and</p> <p>15:22 prescription medications.</p> <p>15:23 So late '90s is when we first, I would</p> <p>15:24 say, began to really take notice of the issue. And</p> <p>16:1 then it went up from there.</p>	VB04.7
16:17 - 16:24	<p>Brown, Vic 05-17-2021 (00:00:25)</p> <p>16:17 Q. And when you say "the problem," are you</p> <p>16:18 talking about a problem with drugs in general or</p> <p>16:19 with a particular type of drug use?</p> <p>16:20 A. I'm speaking mainly opioids when I say</p> <p>16:21 that. That's when we first realized the prevalence</p> <p>16:22 of opioid abuse, was the late '90s. And that</p> <p>16:23 intensified for the next several years, with</p> <p>16:24 consumption and diversion of opioids.</p>	VB04.8
17:01 - 17:10	<p>Brown, Vic 05-17-2021 (00:00:30)</p> <p>17:1 Q. Did you have involvement with drugs other</p> <p>17:2 than opioids?</p> <p>17:3 A. Yes.</p> <p>17:4 Q. So what other drugs did you see during your</p> <p>17:5 time as a Kentucky State trooper?</p> <p>17:6 A. Just about every drug imaginable from</p>	VB04.9

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18:12 - 18:14	<p>17:7 methamphetamine, to cocaine, to certainly 17:8 marijuana, other prescription medications, heroin, 17:9 just about every drug that's available was -- we 17:10 encountered on a regular basis.</p> <p>Brown, Vic 05-17-2021 (00:00:12)</p> <p>18:12 Q. When did you start to see a subsidence of 18:13 prescription opioid use and a rise in synthetic 18:14 opioids and meth?</p>	VB04.10
18:17 - 18:24	<p>Brown, Vic 05-17-2021 (00:00:27)</p> <p>18:17 A. The Appalachian region, obviously, was one 18:18 of the hardest hit regions in the country for 18:19 opioid abuse. We had a great amount of citizens 18:20 traveling out of state to obtain prescription 18:21 medication, to south Florida most specifically, and 18:22 other states as well, because Kentucky had a very 18:23 robust prescription monitoring system, KASPER, in 18:24 place.</p>	VB04.11
20:05 - 20:08	<p>Brown, Vic 05-17-2021 (00:00:13)</p> <p>20:5 A. I couldn't give you a specific date. I 20:6 would say around plus or minus 2010 would be the 20:7 most intense time of the problem, and from there, 20:8 it began to subside slightly.</p>	VB04.12
21:13 - 21:22	<p>Brown, Vic 05-17-2021 (00:00:36)</p> <p>21:13 Q. All right. Do you have personal knowledge 21:14 of when opioid use became -- prescription opioid 21:15 use became a problem in Huntington and Cabell 21:16 County?</p> <p>21:17 A. No, I do not. I know it's been going on 21:18 for years, but I don't personally have knowledge of 21:19 that. It happened, obviously, before my time with 21:20 Appalachia HIDTA. It was occurring during my time 21:21 with the State Police, which I really had no direct 21:22 knowledge of that.</p>	VB04.13
21:23 - 22:18	<p>Brown, Vic 05-17-2021 (00:01:10)</p> <p>21:23 Q. Okay. And then same question with regard 21:24 to kind of peaks and -- ebbs and flows of 22:1 prescription opioids or other drugs. 22:2 Do you have knowledge of the time 22:3 period of that in Huntington or Cabell County, 22:4 personal knowledge?</p>	VB04.14

22:5 A. No, I do not.

22:6 Q. Okay. All right. And then you -- when did

22:7 you begin working with -- or working for

22:8 Appalachia HIDTA?

22:9 A. In September of 2011, I was hired as the

22:10 deputy director for Appalachia HIDTA, and I

22:11 primarily focused on Kentucky - obviously a little

22:12 in some of the other states - but each state at

22:13 that time had a state coordinator. I was the

22:14 coordinator and deputy director for Kentucky.

22:15 So my primary duties were Kentucky. In

22:16 March of 2016, I was hired as the director of

22:17 Appalachia HIDTA, which then I'm responsible for

22:18 activities in all four states.

62:18 - 64:15

Brown, Vic 05-17-2021 (00:02:36)

VB04.15

62:18 Q. And has the greatest drug threat in

62:19 Appalachia HIDTA region changed over time?

62:20 A. Yes.

62:21 Q. And how has that changed?

62:22 A. Well, as I mentioned, you know, when the

62:23 HIDTA was formed, our -- our purpose and the threat

62:24 that we were to address was marijuana, because we

63:1 were the number one marijuana producer in the

63:2 region and in the nation.

63:3 Obviously, that -- as I mentioned, the

63:4 executive board decided in 2002 to address all

63:5 drugs, because we had all drugs being an issue.

63:6 Drugs ebb and flow as the main threat

63:7 to any HIDTA. As I mentioned, we began to see an

63:8 alarming increase in opioids through the, you know,

63:9 late '90s, early 2000s as far as HIDTA is

63:10 concerned, up until about 2010 till it probably

63:11 reached its climax somewhere around 2010.

63:12 Now, our larger threat would be the

63:13 synthetic opioids and methamphetamine that is

63:14 flooding the market. So you know, drug threats

63:15 come and go, but the one that's been most

63:16 consistent over the last 20 years is certainly --

63:17 and the most impact to the communities, has

63:18 certainly been the opioids.

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63:19	Q. And on what -- what's the basis for your	
63:20	statement that opioids have had the most impact on	
63:21	the communities?	
63:22	A. Well, I'm generally basing that on the	
63:23	number of overdose deaths that have occurred. We	
63:24	are, obviously, one of the hardest hit regions, the	
64:1	Appalachian region, for the number of overdose	
64:2	deaths that are occurring each year at the 60,000	
64:3	and 70,000. And we have really been impacted in a	
64:4	great way with overdose deaths, addiction and the	
64:5	diversion -- from the diversion of opioids.	
64:6	Q. And when you use the term "opioids" that	
64:7	opioids have had the greatest impact, are you	
64:8	referring to all opioids in general or to just	
64:9	prescription opioids or illegal opioids?	
64:10	How are you using that term?	
64:11	A. As far as overdose deaths that I'm	
64:12	referring to, I would say all opioids. Obviously	
64:13	the problem began with legal opioids and it has now	
64:14	transitioned into legal opioids and synthetic	
64:15	opioids or illicit opioids.	
75:18 - 75:24	Brown, Vic 05-17-2021 (00:00:27)	VB04.16
75:18	Q. Do you believe -- or does Appalachia HIDTA	
75:19	believe that Cabell County and the City of	
75:20	Huntington are facing a drug crisis today?	
75:21	A. Yes. They still have a severe drug	
75:22	problem, a tremendous amount of overdoses and	
75:23	overdose deaths that are occurring on a routine	
75:24	basis. So yes, I would say yes.	
76:01 - 76:03	Brown, Vic 05-17-2021 (00:00:13)	VB04.17
76:1	Q. And to your knowledge, has -- have Cabell	
76:2	County and the City of Huntington always had some	
76:3	sort of a drug problem?	
76:05 - 77:01	Brown, Vic 05-17-2021 (00:01:04)	VB04.18
76:5	A. Generally speaking, to my knowledge, yes.	
76:6	Q. Do you know what percentage of the drug	
76:7	problem in Cabell County and the City of Huntington	
76:8	is attributable to opioids today?	
76:9	A. No, ma'am. Not percentage.	
76:10	Q. Do you know whether that has changed over	

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	76:11 time?	
	76:12 A. The amount of -- certainly, yes.	
	76:13 Q. All right. And how has that changed?	
	76:14 A. Well --	
	76:15 Q. The percent -- what we're talking about is	
	76:16 the percentage of the drug problem in Cabell County	
	76:17 and Huntington attributable to opioids.	
	76:18 A. Well, obviously as I mentioned before,	
	76:19 opioids became more prevalent in the late '90s	
	76:20 through the early 2000s, and still exists today.	
	76:21 More in the synthetic form now than in the legal	
	76:22 form. But still -- as I'm sure, it's gone up and	
	76:23 down over the years. I couldn't articulate an	
	76:24 exact percentage, but the problem is certainly	
	77:1 still there.	
81:24 - 82:06	Brown, Vic 05-17-2021 (00:00:18)	VB04.19
	81:24 Q. But at least as far back as 2000, we know	
	82:1 that resale and abuse of prescription drugs was a	
	82:2 threat to the Appalachia HIDTA region?	
	82:3 A. Yes.	
	82:4 Q. And that region included Huntington and	
	82:5 Cabell County?	
	82:6 A. Correct.	
82:07 - 82:14	Brown, Vic 05-17-2021 (00:00:33)	VB04.20
	82:7 Q. And during 2000, Appalachia HIDTA was	
	82:8 working with law enforcement entities from the City	
	82:9 of Huntington and Cabell County. Correct?	
	82:10 A. Yes.	
	82:11 Q. And so law enforcement in Huntington and	
	82:12 Cabell County would also have been aware of the	
	82:13 significant problem posed by prescription drug	
	82:14 abuse at that -- in 2000, correct?	
82:16 - 82:16	Brown, Vic 05-17-2021 (00:00:03)	VB04.21
	82:16 A. I'm assuming they would, certainly. Yes.	
247:09 - 251:08	Brown, Vic 05-17-2021 (00:04:54)	VB04.22
	247:9 Q. Okay. Executive Director Brown, once	
	247:10 again, my name is James Ledlie. You've been asked	
	247:11 a series of questions today about Appalachia HIDTA,	
	247:12 and it's my understanding that you are appearing	
	247:13 here today as the corporate representative for that	

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247:14 organization. Is that your understanding?

247:15 A. Yes, sir, that's correct.

247:16 Q. And in that role, you've been asked a
247:17 series of questions about AHIDTA's knowledge and
247:18 conduct of drug trends that predate your joining
247:19 that organization in 2011. Correct?

247:20 A. That's correct. Yes, sir.

247:21 Q. And what have you done to make yourself
247:22 knowledgeable about the drug trends in the AHIDTA
247:23 area prior to 2011?

247:24 A. Simply reviewed the Appalachia HIDTA Drug
248:1 Threat Assessment, Annual Report & Strategy.

248:2 Q. And my understanding is that prior to your
248:3 joining AHIDTA, you had a long career with the
248:4 Kentucky State Police?

248:5 A. Yes, sir.

248:6 Q. And during the period of time from 1998
248:7 when AHIDTA was established through 2011 when you
248:8 came onboard there as deputy director, was Kentucky
248:9 one of the states covered by AHIDTA?

248:10 A. It was. Yes.

248:11 Q. Okay. And so your knowledge with respect
248:12 to Kentucky is part of what was going on in the
248:13 AHIDTA region during those years. Correct?

248:14 A. Correct.

248:15 Q. And in answering your questions today, did
248:16 you also rely upon that general knowledge of
248:17 Appalachia in answering?

248:18 A. I did.

248:19 Q. This case is about diverted prescription
248:20 opioid medication. You understand that?

248:21 A. Yes.

248:22 Q. So I'm going to just try and ask some
248:23 general questions so that we can go a little
248:24 quicker this afternoon. My question is: With
249:1 respect to diverted prescription opioid pills
249:2 throughout the Appalachian region during the tenure
249:3 of AHIDTA, from 1998 through the present, can you
249:4 just generally walk me through the knowledge that
249:5 you have about those trends?

249:6 A. Okay. We -- obviously some of this is
249:7 prior to my time at HIDTA, but it was involved in
249:8 during my time with the Kentucky State Police. We
249:9 began to see an extreme uptick in opioid use and
249:10 abuse in the late '90s.
249:11 That continued on for several years,
249:12 climaxing with all of the folks from all of the
249:13 states, surrounding states, in Appalachia traveling
249:14 to south Florida and many other states obtaining
249:15 prescription medication to bring back and either
249:16 consume or dispense, sell illicitly.
249:17 Q. Okay. And when we speak of diverted --
249:18 throughout today's deposition when we've talk about
249:19 diversion and diverted opioids, we're talking about
249:20 prescription medications, correct?
249:21 A. Correct, yes, sir.
249:22 Q. Prescription narcotic medications, more
249:23 specifically.
249:24 A. Yes.
250:1 Q. Okay. And in the course -- when you
250:2 noticed this trend in Kentucky and the surrounding
250:3 areas -- well, did you look at the surrounding
250:4 areas to see whether they were also experiencing
250:5 problems with an increase in diversion of pills?
250:6 A. We did. We were well aware that not only
250:7 was it Kentucky residents traveling out of state to
250:8 obtain medication; it was folks from Ohio, West
250:9 Virginia, Tennessee, Georgia. A lot of the eastern
250:10 states were involved in the same type of activity.
250:11 Q. As a matter of police work, is it common to
250:12 look at the surrounding areas to try and figure out
250:13 what's going on with drug trends?
250:14 A. It is. And we also worked with the
250:15 authorities from surrounding states and Florida
250:16 during the investigation of those cases.
250:17 Q. Okay. And you were asked some questions
250:18 earlier about the defendants in this lawsuit, and
250:19 my understanding is you understand that they are in
250:20 the drug -- pharmaceutical drug distribution
250:21 industry. Correct?

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250:22	A. Yes.	
250:23	Q. And is it your understanding that these are	
250:24	national companies that distribute nationally?	
251:1	A. Yes.	
251:2	Q. And that would include to the state of	
251:3	Florida?	
251:4	A. Yes.	
251:5	Q. And to the state of West Virginia?	
251:6	A. Yes.	
251:7	Q. And Kentucky and all of Appalachia?	
251:8	A. Yes.	
251:09 - 251:18	Brown, Vic 05-17-2021 (00:00:24)	VB04.23
251:9	Q. Okay. I believe you testified - and	
251:10	correct me if I'm wrong, because you've given a lot	
251:11	of testimony here today - but I believe when we	
251:12	started off this morning, you said that you noticed	
251:13	an increase in the number of opioids being diverted	
251:14	and that this was of the classes of prescription	
251:15	drugs, the most commonly diverted was opioids. Is	
251:16	that correct?	
251:17	A. Yes.	
251:18	Q. How long has that been true?	
251:20 - 252:08	Brown, Vic 05-17-2021 (00:00:39)	VB04.24
251:20	A. To my knowledge, obviously it was going on	
251:21	before the late '90s, but it really began	
251:22	exponentially growing in the late '90s and going on	
251:23	into the early 2000s.	
251:24	Q. And I guess what I'm trying to get at here	
252:1	is: In some of the documents, it wasn't clear from	
252:2	the face of the document what was the most commonly	
252:3	diverted prescription medication, and so I'm asking	
252:4	you if you have an understanding from your role as	
252:5	a policeman in the Appalachian region as to what	
252:6	the most common form of diverted prescription	
252:7	medications were through the '90s and through the	
252:8	2000s, for example?	
253:19 - 253:23	Brown, Vic 05-17-2021 (00:00:17)	VB04.25
253:19	A. Well, I think in reviewing the documents	
253:20	that I've testified about today, if you recall,	
253:21	some of the charts showed opioids, hydrocodone and	

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253:22 - 254:08	<p>253:22 oxycodone, as being the leading prescription 253:23 medication that was diverted.</p> <p>Brown, Vic 05-17-2021 (00:00:20)</p> <p>253:24 Q. Thank you. Was Huntington, West Virginia 254:1 ever considered a -- well, let me step back. Do 254:2 you know what the term "source city" means? 254:3 A. I do. 254:4 Q. Okay. And one of the things that is 254:5 reported in Annual Reports and publicly-available 254:6 information is some of the drug trends that we went 254:7 over. Correct? 254:8 A. Yes.</p>	VB04.26
254:18 - 255:03	<p>Brown, Vic 05-17-2021 (00:00:25)</p> <p>254:18 Q. Okay. In your role at HIDTA -- at AHIDTA, 254:19 you've also reported on the trend of pills from 254:20 Florida being diverted into Huntington. Is that 254:21 correct? 254:22 A. That's correct. 254:23 Q. And throughout the Appalachian region? 254:24 A. Yes. 255:1 Q. And do we have a time frame that we could 255:2 give for this migration of pills from Florida into 255:3 Appalachia?</p>	VB04.28
255:04 - 255:08	<p>Brown, Vic 05-17-2021 (00:00:13)</p> <p>255:4 A. Well, like I said, we worked -- when I was 255:5 working with the Kentucky State Police - and since 255:6 I have been at HIDTA - all of our initiatives and 255:7 agencies have worked well with surrounding states 255:8 to address the issue.</p>	VB04.29
255:09 - 256:02	<p>Brown, Vic 05-17-2021 (00:00:57)</p> <p>255:9 I think early 2000s up and through 255:10 2010-2012, we had numerous individuals from all 255:11 Appalachian states traveling not only to Florida, 255:12 but to Georgia, to Tennessee, to any other 255:13 jurisdiction where they could circumvent their own 255:14 state's prescription monitoring program to obtain 255:15 prescription medication and thereby bring back and 255:16 divert those. 255:17 Q. Okay, thank you, sir. This is a very 255:18 general question I'm going to ask you, but I think</p>	VB04.30

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255:19 it's going to clear up a lot of issues, because you 255:20 haven't been directly asked. Could you describe 255:21 for me what AHIDTA does and what it does not do? 255:22 A. The purpose of the program is to invest in 255:23 partnerships, bringing together state, local and 255:24 federal agencies under one co-located, commingled 256:1 group to focus and target drug trafficking 256:2 organizations and bring those to justice.		
257:02 - 257:18	Brown, Vic 05-17-2021 (00:00:56) 257:2 Q. Okay. Could you quantify for me, in 257:3 general terms, how widespread the availability was 257:4 of diverted prescription opioid medications in 257:5 Huntington and the surrounding areas of Appalachia 257:6 throughout your time at AHIDTA and, to the extent 257:7 you know, the times prior to coming onboard in 2011 257:8 based on your review of AHIDTA's historical 257:9 documents? 257:10 A. Well, it's certainly hard to quantify an 257:11 exact number, but it was of epidemic proportions. 257:12 It was -- had completely taken over a generation, 257:13 and law enforcement used an incredible amount of 257:14 investigative time and/or financial resources to 257:15 combat the issue. 257:16 So in my opinion, it was the number one 257:17 threat for the region from -- for eight to ten 257:18 years.	VB04.31
259:03 - 260:16	Brown, Vic 05-17-2021 (00:02:00) 259:3 Q. Okay. Before we look at the document, I 259:4 want to make sure that I understand. In 2000, 259:5 AHIDTA's mission was still a marijuana-only 259:6 mission. Correct? 259:7 A. Yes, sir, that's correct. 259:8 Q. Okay. So now I want to go to page 10 and 259:9 I'm using the page numbers, not the Bates numbers, 259:10 of the document. And there is a paragraph titled 259:11 "Increase in the Resale and Abuse of Prescription 259:12 Drugs." Do you see that? 259:13 A. I do. 259:14 Q. Now, AHIDTA's mission didn't include 259:15 controlled pharmaceutical drugs at this point, but	VB04.32
		P-41507.10
		P-41507.10.1

259:16 it was a trend that you were reporting on?

259:17 A. That's correct.

259:18 Q. Why?

259:19 A. The purpose of this document is to

259:20 articulate what the actual drug threat is in the

259:21 region, not just marijuana. And the findings of

259:22 these analyses done by the intel center is what

259:23 eventually led to the executive board determining

259:24 to make it a poly-drug HIDTA.

260:1 Q. Okay. And so it is noting here an increase

260:2 in the resale. So this was already an ongoing

260:3 issue of diversion of prescription drugs in 2000?

260:4 A. It was, yes.

260:5 Q. And it was getting -- and it was getting

260:6 worse as reported in this drug trend?

260:7 A. That's correct.

260:8 Q. And this included all three states, which

P-41507.10.2

260:9 would have included West Virginia in the AHIDTA

260:10 region?

260:11 A. That's correct.

260:12 Q. And while it is not specifically mentioned

260:13 in the face of this document, based on your overall

260:14 understanding of AHIDTA trends, would prescription

260:15 opiates have been the focus of this increase?

260:16 A. It would, yes.

261:04 - 262:09

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VB04.33

261:4 Q. Okay. And so on page 4 of the document, in

P-41508.5

261:5 the paragraph that begins, "The abuse and resale

P-41508.5.1

261:6 for abuse of prescription medications within the

261:7 Appalachia HIDTA is also a significant problem."

261:8 And then it goes on to talk about,

261:9 "Investigative agencies within the three states

P-41508.5.2

261:10 target physicians who prescribe medications to

261:11 abusers who "doctor shop.""

261:12 Now, West Virginia's one of those

261:13 states, right?

261:14 A. That's correct, yes.

261:15 Q. And this is still a significant problem in

261:16 2001?

261:17 A. Yes.

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261:18	Q. The -- at the end of that paragraph, "The	P-41508.5.3
261:19	"patients" sell the controlled substance "on the	
261:20	streets" for incredible profits, and abuse the	
261:21	substances themselves."	
261:22	Was that a trend that was known to be	
261:23	going on in the Appalachia HIDTA Region in 2000 and	
261:24	2001?	
262:1	A. It was, yes.	
262:2	Q. Do you have an idea of the scale of the	
262:3	problem at that time in terms of what it would have	
262:4	been like in the years prior?	
262:5	A. Well, that's during the time that it was	
262:6	actually starting to grow exponentially. I would	
262:7	say this was the -- still in the beginning stages	
262:8	before it climaxed in 2010 or so, plus or minus a	
262:9	year.	
262:10 - 262:15	Brown, Vic 05-17-2021 (00:00:15)	VB04.34
262:10	But it was certainly a pervasive	
262:11	problem. The reason the profits were exponential	
262:12	was most of these prescriptions were paid for by	
262:13	Medicaid/Medicare, so therefore when they were sold	
262:14	on the street, it was 100 percent profit for the	
262:15	individual selling it.	
263:15 - 263:18	Brown, Vic 05-17-2021 (00:00:13)	VB04.35
263:15	Q. I'd like to turn your attention to a new	
263:16	exhibit -- well, it's one you've seen before.	
263:17	Exhibit 17, the 2005 Threat Assessment.	P-41510.1
263:18	A. Okay. I have it.	
264:10 - 265:11	Brown, Vic 05-17-2021 (00:01:36)	VB04.36
264:10	Q. Well, let's go to page 3 of the document,	P-41510.5
264:11	and it's talking about -- under the section of	P-41510.5.4
264:12	major -- Number of Major Drug Trafficking	
264:13	Organizations. And then the fifth paragraph down	P-41510.5.3
264:14	in that section, Executive Director Brown --	
264:15	A. Yes.	
264:16	Q. -- is there a description by AHIDTA of what	
264:17	prescription medications were being most frequently	
264:18	diverted?	
264:19	A. It mentions OxyContin and hydrocodone.	
264:20	Q. And does it describe anything about whether	

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264:21	this is a growing issue in the region?	
264:22	A. It does. It says -- "within the Appalachia	
264:23	HIDTA, there are also a significant and growing	
264:24	problem," yes.	
265:1	Q. And on the following page, page 4, it talks	P-41510.6
265:2	about "Prescription drug seizures by Appalachia	P-41510.6.2
265:3	HIDTA's investigators totaled 105,757 dosage units	
265:4	in 2003." Do you see that?	
265:5	A. I do.	
265:6	Q. By 2003, had HIDTA determined what the most	
265:7	significant drug threat facing residents within the	
265:8	Appalachia HIDTA region was?	
265:9	A. Well, certainly from these documents, it's	P-41510.6.3
265:10	prescription med -- diverted prescription	
265:11	medication, opioids most specifically.	
266:03 - 266:09	Brown, Vic 05-17-2021 (00:00:25)	VB04.37
266:3	Q. Okay. I know at some point, counterfeit	clear
266:4	pills began to be seen. But when was that first a	
266:5	trend that you all noticed in the region?	
266:6	A. More recently. And those counterfeit pills	
266:7	involve fentanyl-laced or heroin-laced pills that	
266:8	are sold to be either -- in most cases, oxycodone,	
266:9	some derivative of.	
266:15 - 266:24	Brown, Vic 05-17-2021 (00:00:37)	VB04.38
266:15	Q. let me rephrase the question.	
266:16	Are opioid pills more expensive to obtain than	
266:17	heroin and other synthetic opioids?	
266:18	A. Yes, very much so.	
266:19	Q. Okay. In the course of your investigations	
266:20	and what is publicly available in terms of indicted	
266:21	cases and drug dealers that have been prosecuted	
266:22	for fentanyl pills disguised to look like	
266:23	prescription medications, have you determined why	
266:24	the motive was for them to do that?	
267:02 - 267:05	Brown, Vic 05-17-2021 (00:00:08)	VB04.39
267:2	A. Basically it was cost saving, because they	
267:3	could manufacture these pills with heroin and	
267:4	fentanyl much cheaper than the actual product	
267:5	itself.	
267:06 - 267:13	Brown, Vic 05-17-2021 (00:00:19)	VB04.40

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267:6	Q. Okay. Well, let's just go into this	
267:7	section, which at this time I think you're saying	
267:8	would have been pharmaceutical pills that began	
267:9	illicitly. "The illicit use of prescription drugs	P-41510.34.1
267:10	throughout Appalachia HIDTA is perhaps the most	
267:11	underestimated of the drug problem."	
267:12	Was that true in 2005?	
267:13	A. Yes.	
271:11 - 272:17	Brown, Vic 05-17-2021 (00:01:29)	VB04.41
271:11	Q. And further on page -- on the following	P-44068.10
271:12	page, there is a discussion where AHIDTA is -- they	
271:13	ask for -- do you see the section that says, "Using	P-44068.10.1
271:14	the 2009 NDIC Drug Threat Survey" --	
271:15	A. Yes.	
271:16	Q. -- "AHIDTA asked participating law	
271:17	enforcement agencies to list the drug(s) that	
271:18	contribute most to violent and property crime in	
271:19	their areas."	
271:20	Is that the type of determination that	
271:21	AHIDTA makes as part of its mission?	
271:22	A. It is.	
271:23	Q. Why do you -- why would you study things	
271:24	simply other than drug crimes?	
272:1	A. Well, certainly the issue of drug addiction	
272:2	and drug consumption affects more than just -- I	
272:3	mean, it affects all aspects of society. And this	
272:4	is one of the aspects of society that it does	
272:5	affect.	
272:6	Q. Okay. And what were the results of the	
272:7	survey as to the role that prescription drugs	
272:8	played in other crimes?	
272:9	A. It says, "Over half (52%) of the	P-44068.10.2
272:10	respondents linked prescription drugs to violent	
272:11	crime and almost two-thirds (64%) of respondents	
272:12	linked prescription drugs to property crime in	
272:13	their areas."	
272:14	Q. Is that consistent with your understanding	
272:15	as the AHIDTA director and corporate	
272:16	representative?	
272:17	A. It is, yes.	

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273:05 - 275:21	Brown, Vic 05-17-2021 (00:03:23)	VB04.42
273:5	Q. Okay. First of all, Executive Director	clear
273:6	Brown, based on your knowledge of the information	
273:7	gathered by AHIDTA, is there a connection between	
273:8	people who use prescription medications and some of	
273:9	them going on to use heroin?	
273:10	A. Yes.	
273:11	Q. What is your understanding of the	
273:12	connection based on your experience as the AHIDTA	
273:13	director and your gleaning of the documents from	
273:14	before your tenure as director?	
273:15	A. It is the availability, is the main driving	
273:16	factor in switching to heroin. Once the	
273:17	availability of the opioids became less prevalent	
273:18	due to price and availability, many of those users	
273:19	switched over to heroin and fentanyl and other	
273:20	derivatives of synthetic opioids.	
273:21	Q. Okay. And did AHIDTA actually report on	
273:22	this connection in their 2013 Threat Assessment on	
273:23	page 5 with the paragraph that begins, "The threat	P-44069.5.4 - P-
273:24	posed by heroin use and trafficking" -- do you see	44069.5
274:1	that?	
274:2	A. I do, yes.	
274:3	Q. What does AHIDTA say about -- well, let's	
274:4	just -- let's just break this down. First of all,	
274:5	by 2013, do you agree that heroin abuse and drug	
274:6	trafficking was an evolving threat in the AHIDTA	
274:7	region?	
274:8	A. I do, yes.	
274:9	Q. And as a subset of that, did your agency	
274:10	report that West Virginia HIDTA counties are the	
274:11	center of the threat, particularly Huntington and	
274:12	Charleston, West Virginia metropolitan areas?	
274:13	A. That's correct, yes.	
274:14	Q. Was that accurate information, to the best	
274:15	of your understanding?	
274:16	A. Yes.	
274:17	Q. And what does CY 2011 mean?	
274:18	A. Calendar year.	
274:19	Q. Okay. "In CY2011, numerous West Virginia	P-44069.5.2

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274:20 law enforcement agencies and some treatment centers

274:21 reported an increase in heroin abuse due to Rx drug

274:22 abusers switching to heroin because of heroin's

274:23 lower cost."

274:24 Did I read that correctly?

275:1 A. Yes, sir, you did.

275:2 Q. Is it your understanding that one of the

275:3 trends that was being observed in the AHIDTA region

275:4 in 2012 was this increase in former pill users

275:5 switching to heroin?

275:6 A. Yes.

275:7 Q. Okay. And the following sentence suggests

P-44069.5.3

275:8 that that transition was continuing at the present,

275:9 at the time of the writing of this document?

275:10 A. That is correct.

275:11 Q. Has that continued to be a trend that you

275:12 have seen, that people that are currently using

275:13 heroin or other illicit synthetic opioids, began

275:14 their opioid use with pharmaceutical pills?

275:15 A. It is, yes.

275:16 Q. And is that something that your task force

275:17 -- I'm sorry, not your task force, that AHIDTA

275:18 through their intelligence centers, looks at, at

275:19 drug trends, including how people initiate use and

275:20 transition?

275:21 A. They do, yes, that's correct.

275:22 - 276:11

Brown, Vic 05-17-2021 (00:00:49)

VB04.43

275:22 Q. Okay. Lastly, one of the last documents

275:23 you looked at -- and we had some discussion about

275:24 it. It was Exhibit 47. It's the drug assessment

P-41008.1

276:1 -- Drug Threat Assessment from 2019.

276:2 A. Okay, I have that.

276:3 Q. And you were asked questions by counsel for

276:4 McKesson about whether the document said that the

P-41008.10.1

276:5 epidemic facing the Appalachian area of the abuse

276:6 of controlled prescription opioid-based narcotics

276:7 "gave way to the prevailing and unrelenting threat

276:8 from the distribution and abuse of heroin." Do you

276:9 see that?

276:10 A. Where -- what page are you looking at?

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276:12 - 276:17	<p>276:11 Q. Oh, it's page 10, sir. I'm sorry.</p> <p>Brown, Vic 05-17-2021 (00:00:16)</p> <p>276:12 A. I do see that, yes, sir.</p> <p>276:13 Q. All right. So my first question about that</p> <p>276:14 sentence is: Isn't this sentence another</p> <p>276:15 indication the AHIDTA is reporting on a connection</p> <p>276:16 between prescription pill use and heroin use?</p> <p>276:17 A. Yes, in my opinion.</p>	VB04.44
276:19 - 280:01	<p>Brown, Vic 05-17-2021 (00:03:54)</p> <p>276:19 A. I believe it is, yes.</p> <p>276:20 Q. Okay. And I don't believe counsel asked</p> <p>276:21 you about the next sentence, so I'd like for you to</p> <p>276:22 read that, because I have a question about a term</p> <p>276:23 in there. Read it into the record, if you could.</p> <p>276:24 A. "The epidemic facing the Appalachian area</p> <p>277:1 from the abuse of (controlled) prescription</p> <p>277:2 opioid-based narcotics, gave way to the prevailing-</p> <p>277:3 and unrelenting- threat from the distribution and</p> <p>277:4 abuse of heroin."</p> <p>277:5 Q. Okay. And then the following sentence</p> <p>277:6 says, "Past threat assessments have documented</p> <p>277:7 extensively the "see-saw" transitions between</p> <p>277:8 availability and subsequent seizures of</p> <p>277:9 opiate-based CPDs and heroin, driven by cost of</p> <p>277:10 each drug throughout the years."</p> <p>277:11 Did I read that correctly?</p> <p>277:12 A. Yes, sir.</p> <p>277:13 Q. My question to you is: First of all, what</p> <p>277:14 does "CPD" mean?</p> <p>277:15 A. Controlled prescription drugs.</p> <p>277:16 Q. Okay. And this document is talking</p> <p>277:17 specifically about opiate controlled prescription</p> <p>277:18 drugs, correct?</p> <p>277:19 A. It is, yes.</p> <p>277:20 Q. And what is the see-saw transition being</p> <p>277:21 described in this document, if you know?</p> <p>277:22 A. It is just what we have described in the --</p> <p>277:23 recently, that the supply of opioids, as it</p> <p>277:24 decreases, they -- they generally switch over to</p> <p>278:1 the other opioid-based drugs such as heroin or</p>	<p>VB04.45</p> <p>P-41008.10.3</p>

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278:2 fentanyl.

278:3 Q. So if there is a see-saw transition going
278:4 on, does that mean there's no longer a prescription
278:5 drug problem in AHIDTA region?

278:6 A. No. Still a very prevalent problem.

278:7 Q. In fact, on page 22 of the document, isn't
278:8 there an entire section devoted to controlled
278:9 prescription drugs and being reported on in 2019 as
278:10 a problem?

P-41008.22

278:11 A. Yes, there is.

278:12 Q. Do you know whether there have been any
278:13 recent changes in the amount of controlled
278:14 prescription drugs availability in the area?

278:15 A. Generally speaking, prescription drugs are
278:16 not as available as they were a few years back.
278:17 It's decreasing.

278:18 Q. Right. But on a yearly basis, you do
278:19 report on what's going on in real time, correct?

278:20 A. Yes, that is correct.

278:21 Q. And so under the Availability section on
278:22 page 22, the first sentence says, "As it applies to
278:23 law enforcement response to AHDTs, 71% percent of
278:24 all respondents document the availability of CPDs
279:1 to have either increase or remained the same over
279:2 the last calendar year."

P-41008.22.1

279:3 Did I read that correctly?

279:4 A. You did, yes, sir.

279:5 Q. Have you noted an increase in the amount of
279:6 CPDs being reported by your member agencies?

279:7 A. Well, this certainly reflects that. And
279:8 I was speaking generally since the height of the
279:9 epidemic in the 2010 time frame, that prescriptions
279:10 have went down sizably.

279:11 But we have seen an uptick - according
279:12 to this chart - in the last two years of the
279:13 availability of narcotics.

279:14 Q. And if we go on further in this same
279:15 section, the report notes that, "In previous years'
279:16 assessments, a documented increase" - still on page
279:17 22 - "in CPDs typically are accompanied by a

P-41008.22.2

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	279:18 decrease in seizures of heroin during the same 279:19 calendar year." 279:20 Do you see that? 279:21 A. I do. 279:22 Q. So even again this very recent time period, 279:23 if you have more CPDs available, you see less 279:24 heroin. Is that a trend that you've observed? 280:1 A. It is.	
280:18 - 280:21	Brown, Vic 05-17-2021 (00:00:15) 280:18 Q. Okay. The following sentence AHIDTA 280:19 reports on a high watermark for CPD seizures of 280:20 CY2014. Does that surprise you? 280:21 A. No, it doesn't.	VB04.46 P-41008.23.1
281:09 - 281:12	Brown, Vic 05-17-2021 (00:00:11) 281:9 Q. And I believe you testified earlier that 281:10 seizures of pills is not necessarily indicative of 281:11 how many pills are being diverted? 281:12 A. Exactly. Yes.	VB04.47
282:13 - 284:03	Brown, Vic 05-17-2021 (00:01:46) 282:13 Q. Executive Director Brown, are you aware 282:14 that prescription opioid distribution, 282:15 pharmaceutical distribution, is governed by the 282:16 Controlled Substances Act? 282:17 A. Yes. 282:18 Q. Is it legal to distribute opioids in 282:19 violation of the Controlled Substances Act? 282:20 A. It is illegal to distribute those, yes. 282:21 Q. Is it illegal to aid and assist in doctor 282:22 shopping? 282:23 A. It is. 282:24 Q. Is it illegal to aid and assist in the 283:1 distribution of opioids likely to be diverted? 283:2 A. It is. 283:3 Q. The people that man the intelligence center 283:4 for AHIDTA, what is their background, or what is -- 283:5 how do they get their information? 283:6 A. It is led by the DEA, who is an intel 283:7 supervisor. The current one has, I believe, 14 283:8 years experience in -- as a DEA intel analyst. He 283:9 is now a supervisor to DEA analysts.	VB04.48 clear

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283:10 And each of the analysts assigned under
 283:11 his control have varying levels of experience. We
 283:12 have another DEA analyst that has several years of
 283:13 experience, an FBI analyst that has 15 or so years
 283:14 experience as an analyst.
 283:15 We have three Kentucky State Police
 283:16 that have varying levels from three to fifteen
 283:17 years of experience. So it's a vast array of
 283:18 different levels of experience.
 283:19 Q. And are these the experts that you
 283:20 described that earlier, that actually put together
 283:21 the nuts and bolts of these Drug Threat Assessments
 283:22 and Annual Reports?
 283:23 A. Yes.
 283:24 Q. And do you believe that they have the
 284:1 requisite expertise to accurately report on those
 284:2 trends?
 284:3 A. I do.

Plaintiffs Affirmative Designations = 00:34:31

Defense Completeness Counters = 00:05:33

Total Time = 00:40:04

Documents Shown

P-41008
 P-41507
 P-41508
 P-41510
 P-44068
 P-44069